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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/444,067	11/19/1999	BRIAN R. MURPHY	17634-000512

CONFIRMATION NO. 8148

National Institutes of Health Offices Of Technology Transfer 6011 Executive Boulevard Suite 325

OC000000008481772

Date Mailed: 07/19/2002

NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/16/2002.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

1600 (703) 306-4086

ATTORNEY/APPLICANT COPY



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Date Mailed: 07/19/2002

NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/16/2002.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

KIMBERLYNN A DOW 1600 (703) 306-4086

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